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TELECOPY COVER SHEET

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Date: August 9, 1999**TO:** Name: Martha Lubet

Company: United States Patent and Trademark Office

Address: Washington, DC 20231**Telephone:** (703) 305-7148**Fax:** (703) 305-3014**FROM:** Sender: Maureen A. Bresnahan, Esq.**Number of Pages INCLUDING This Cover Sheet:** 11**Client:** 615/8 (HAR-005)**Comments:** PLEASE DELIVER TO MARTHA LUBET

USSN: 09/248,964 Applicant: Wucherpfennig et al.

Filing Date: February 12, 1999

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Aug 3 1999

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GROUP 1600

PATENT

Attorney Docket No. HAR-005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Wucherpfennig et al.

SERIAL NO.: 09/248,964 GROUP NO.: 1646

FILING DATE: February 12, 1999 EXAMINER: Not yet assigned

TITLE: MONOVALENT, MULTIVALENT, AND MULTIMERIC MHC
BINDING DOMAIN FUSION PROTEINS AND CONJUGATES,
AND USES THEREFOR**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this correspondence, and any document(s) referred to as attached hereto, is/are being transmitted to the United States Patent and Trademark Office, Facsimile No. (703) 305-3014; Attention: Martha Lubet on this 9th day of August, 1999.


Denise Sturges

Attached hereto is/are:

Transmittal Form (1 pg.); Fee Transmittal (2 pgs.); a Second Preliminary Amendment (5 pgs); and an Associate Power of Attorney (1 pg.).

TRANSMITTAL FORM

	Application Serial Number	09/248,964
	Filing Date	February 12, 1999
	First Named Inventor	Wucherpfennig
	Group Art Unit	1646
	Examiner Name	Not yet assigned
	Attorney Docket No.	HAR-005

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input checked="" type="checkbox"/> Copy of Fcc Transmittal Form <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund <input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Appeal Communication to Board of Patcnt Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Status Letter <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) Second Preliminary Amendment (5 pgs.) Associate Power of Attorney (1 pg.) Certificate of Facsimile Transmission (1 pg.)
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CORRESPONDENCE ADDRESS
SIGNATURE BLOCK

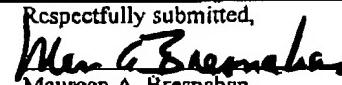
Respectfully submitted,


 Maureen A. Bresnahan
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FEE TRANSMITTAL

Note: Effective October 1, 1997.
Patent fees are subject to annual revision

<i>Complete if Known</i>	
Application Serial Number	09/248,964
Filing Date	February 12, 1999
First Named Inventor	Wucherpfennig et al.
Group Art Unit	1646
Examiner Name	Not yet assigned
Attorney Docket No.	HAR-005

METHOD OF PAYMENT		FEE CALCULATION (continued)		
1. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		3. ADDITIONAL FEES Large Entity Small Entity Fee (\$) Fee (\$) Fee Description Fee Paid		
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below to Deposit Account No. 20-0531. <input checked="" type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.		130 65 Surcharge - late filing fee or oath 50 25 Surcharge - late provisional filing fee or 130 130 Non-English specification 2,520 2,520 For filing a request for reexamination 110 55 Extension for reply within first month 380 190 Extension for reply within second month 870 435 Extension for reply within third month 1,360 680 Extension for reply within fourth month 1,850 925 Extension for reply within fifth month 300 150 Notice of Appeal 300 150 Filing a brief in support of an appeal 260 130 Request for oral hearing 130 130 Petitions to the Commissioner 50 50 Petitions related to provisional applications 240 240 Submission of Information Disclosure Statement (37 CFR 1.97(c)) 130 130 Submission of Information Disclosure Statement (37 CFR 1.97(d)) 760 380 Filing a submission after final rejection (37 CFR 1.129(a)) 760 380 For each additional invention to be examined (37 CFR 1.129(b)) Other (Specify)		
FEE CALCULATION				
1. FILING FEE				
Large Entity Fee (\$) Fee Description Fee Paid 760 Utility filing fee 310 Design filing fee 150 Provisional filing fee				
Number Number Rate Amount Filed Extra				
Total Claims	- 20 =	x \$ 18.00 =		
Independent Claims	- 3 =	x \$ 78.00 =		
<input type="checkbox"/> Multiple Dependent Claim(s), if any		\$260.00 =		
TOTAL: SMALL ENTITY DISCOUNT: SUBTOTAL (1) (\$)				
2. AMENDMENT CLAIM FEES Claims Highest No. Present Rate Fee Paid Remaining Previously Extra After Amend. Paid For Total 31 - 20 = 11 x \$ 18.00 = 198.00 Indep. 5 - 3 = 2 x \$ 78.00 = 156.00 <input type="checkbox"/> First Presentation of Multiple Dep. Claim TOTAL: (\$354.00 SMALL ENTITY DISCOUNT: (\$177.00 SUBTOTAL (2) (\$177.00)				
SUBTOTAL (3) (\$) SUBTOTAL (1) SUBTOTAL (2) 177.00 SUBTOTAL (3)				
TOTAL (\$ 177.00)				
CORRESPONDENCE ADDRESS		SIGNATURE BLOCK		
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100		Respectfully submitted,  Maureen A. Brosnan Attorney for the Applicants Testa, Hurwitz & Thibault, LLP High Street Tower 125 High Street Boston, MA 02110		